

RESULT DECLARED

ON _____

APPLICATION PERFORMA FOR HOUSE JOB IN JINNAH HOSPITAL, LAHORE

Space for
Photograph

1. Name in Block Letters _____
2. Father's Name/Profession _____
3. National Identity Card No _____
4. Permanent Address _____
5. Present Address _____
6. Telephone No. _____
7. Date & Place of Birth _____
8. Religion _____
9. Name of College/Institute from
Passed MBBS Exam (Year/Month) _____
10. Marks Obtained in Examination

	<u>1st Prof.</u>	<u>2nd Prof.</u>	<u>3rd Prof.</u>	<u>Final Prof.</u>
	_____	_____	_____	_____
ATTEMPTS	_____	_____	_____	_____

11. Details of Medals
With Certificates and Distinction (if any) _____
12. The applicant will declare that he/she had not applied anywhere before applying for internship in this hospital. He/she will submit his/her application through proper channel and ensured that he/she will be relieved from his/her previous post, if selected.
13. Attested photocopies of the following documents should be attached with application form: -

- | | |
|--------------------------|---------------------------|
| - National Identity Card | - Provisional Certificate |
| - Domicile | - Attempts Certificate |
| - Matric/FSc. | - MBBS |
| - PMDC Registration | |

AFFIDAVIT

I solemnly declare that I will abide by all the rules & policies of this hospital regarding House Job & any violation may warrant disciplinary action against deponent.

- All the information's provided & documents attached are correct & genuine & if found bogus or incorrect, all liability lies on deponent. The hospital authority may take action against deponent, if any discrepancy found.
- I will not request for any module change (Unilateral or mutual) & will join next module within three days & in case of failure to do so, my orders will stand cancelled without any notice.
- The hospital authority may not issue my experience if less then (6) six months period or may not issue at all it left House Job without completion.
- parent

SIGNATURE OF APPLICANT

SIGNATURE OF PARENT/GUARDIANS